

Registration Form

22nd Annual Crime Victims Conference

April 29-30, 2009

Utah State Capitol– Auditorium, State Capitol Complex

350 North State Street

Salt Lake City, UT 84114

Personal Details (Each registrant **MUST** complete a separate form. **THIS FORM MAY BE COPIED.**)

Last Name _____ First Name _____

Organization _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

Discipline (Please check one and list your position where spaces are provided)

Criminal Justice Field

- ☐ Advocate
- ☐ Courts
- ☐ Law Enforcement
- ☐ Prosecution

Social Work

- ☐ Child
- ☐ Adult
- ☐ Rape Recovery Centers _____
- ☐ Other _____

Non Profit

- ☐ Shelter _____
- ☐ Legal Center _____

Early Registration - Postmarked/received by April 1, 2009

- ☐ Full Conference Registration \$100
- ☐ April 29, 2009 Registration \$75
- ☐ April 30, 2009 Registration \$30

No refunds will be given unless a written request is received by April 6, 2009 addressed to:

Allison Williams
350 East 500 South Ste. 200
Salt Lake City UT 84111

Registration - Postmarked/received after April 1, 2009

- ☐ Full Conference Registration \$125
- ☐ April 29, 2009 Registration \$100
- ☐ April 30, 2009 Registration \$55

Payment Options (Make checks payable to: Office of Crime Victim Reparations)

I have enclosed my check for \$_____ (Please include participant's name on check stub)

Please charge to the following IAT codes: Fund____Agency____Org____Approp____Obj____Act____Rept.CAT____

Mail to: Utah Council on Victims of Crime

350 East 500 South Ste. 200

Salt Lake City UT 84111

www.crimevictim.utah.gov

Phone: 801.238.2360 or 1.800.621.7444 Fax: 801.533.4127

E-mail registration questions to amwilliams@utah.gov

E-mail all other questions to cwatters@utah.gov